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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (i))	21 -20* =		x \$ <u>9</u> =	\$ 9.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	2 -3** =		x \$ <u>40</u> =	0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 CFR 1.16)	\$370.00
				Total of above Calculations =	
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.					TOTAL = \$379.00

6.  Small entity status: Applicant claims small entity status. See 37 CFR 1.27.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 0476:

- Fees required under 37 CFR 1.16.
- Fees required under 37 CFR 1.17.
- Fees required under 37 CFR 1.18.

8.  A check in the amount of \$                    is enclosed.

9.  Payment by credit card. Form PTO-2038 is attached.

10.  Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.

11.  New Attorney Docket Number, if desired \_\_\_\_\_  
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)

12. a.  Receipt For Facsimile Transmitted CPA (PTO/SB/29A)  
b.  Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

13.  Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

**14. NEW CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	 <i>(Insert Customer No. or Attach bar code label here)</i>					
		or <input type="checkbox"/> New correspondence address below				
<b>Name</b>	John A. Artz					
	Artz & Artz, P.C.					
<b>Address</b>	28333 Telegraph Road					
	Suite 250					
<b>City</b>	Southfield	State	MI	Zip Code	48034	
<b>Country</b>	United States	Telephone	(248) 223-9500		Fax	(248) 223-9522

**15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print /Type)	John A. Artz
Signature	
Registration No. (Attorney/Agent)	25,824
Date	January 16, 2002